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Five o'clock in the morning

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I have long had an interest in nurses for several reasons. The first is that nursing is almost entirely a profession for women, and hence occupies a rather unique place in the work of the world. When times are hard, there has always been the cry, ever since women have started to earn their own living, that if women were forced out of business and professions, there would be more jobs for men. But men are not clamoring for the job of nursing. Washing patients, making beds, are jobs not coveted by them, even when there is pay attached. So, unless the male psychology changes, you may rest assured that your profession will be retained by women.

What are your assets? I have already said that your jobs are not apt to be demanded by men. Hence, in that, you are secure. Second, you are indispensable. We cannot do without you. Although fairly new as a profession, nursing occupies an important place in modern civilization. The emphasis may shift from that of private nursing to hospital nursing, or to public health nursing, but with the care of the sick occupying such a large place in our modern society, nursing as a profession is here to stay. Third, you are not likely to be replaced by machines though it is conceivable that someone will devise a bathing machine, run by electricity, or that babies will be placed on a moving belt which distributes them at nursing time, and each mother will pick off her own as it passes by, and replace it when she has fed it. So many undreamed-of mechanical devices have been made possible in the last few years that one hesitates to say dogmatically that we shall always have nurses with us.

What are your liabilities? Although as a group you are indispensable, as individuals you are not needed in such large quantities as in the past. How is that over-production to be met? In teaching, or in medicine, it would be simple enough. Merely limit the number of students which each school accepts, so that the supply of new applicants just covers the loss of the old and allows for

growth of the population. At present, in nursing this is more or less impossible because almost every hospital is a training school, and it is inevitable that a certain number will be graduated each year. That number is proving too large for our consumption. What is the solution? I feel it lies largely in revolutionizing the methods of teaching nurses.

We have called nursing a profession, as it is, and ought to be. But we have treated nurses as if it were a trade. We still take the student nurse as an apprentice in the hospital, where she gets her room and board, and a small remuneration. In return she receives her training as a nurse, but she does many things for the hospital which are far from being a nurse's duties. The nurse-in-training has to do two things: she has to look after the patients and she has to attend lectures and do her study. Therefore a larger number of nurses is required in any one hospital than is actually necessary for the care of the patients. There has to be an extra supply available while one or other of the student groups is off the ward attending lectures.

If we were to put the teaching of nurses on exactly the same plane as the teaching of the medical student, some of the difficulties would be obviated. Suppose that we had nursing schools, preferably in connection with medical schools, throughout the country. Certain standards of education would be required for entrance. The girl would register at the school and would live in a dormitory or in the city as the case might be; she would pay tuition to the nursing school for her education; she would finance her education completely just as the medical student does. She would take her theoretical work in class rooms, where she would study anatomy, physiology, materia medica, methods of bathing patients and how to make beds. She would do all the things which she now does as a student nurse in the hospital, *but she would do them as a student in the nursing school.*

After an appropriate time, to be decided by those who make up the nursing curricula, she would be introduced to clinics and operations and then she would take her examinations, and pass on to the interne stage where she would be in actual contact with the patient. Here under the supervision of the trained nurses who constitute the nursing personnel of the hospital, she would begin her practical training. Having no lectures to attend, all her time would be used for actual nursing. She would have an eight-hour day and there would be no need to take time off for lectures. Thus the physical exhaustion which a nurse feels after being on duty for twelve hours, and taking lectures during that time, would be eliminated.

At this point it might be objected that hospitals cannot afford to pay so many graduate nurses, and hence this system is impractical. On the other hand, the hospital would need fewer nurses, for none of them would have to be off duty taking lectures, with an extra supply of nurses looking after the patients while they are in class. The hospital would not have to pay for the maintenance of such a large number of student nurses as it does at present, which would partly compensate for the cost of employing graduate nurses.

After a period of internship, the student nurse would take her final examination and would graduate, not from the hospital where she took her practical work, but from the nursing school from which she took her theoretical work. This school would affiliate with standard hospitals only, and would permit their students to enter approved hospitals only. The education of the nurse would thus be better standardized and would be more uniform and of higher

quality than when training is received in all sorts of hospitals as it is today.

There would not be the necessity, as at present, for all the work of bathing patients and getting rooms straightened in the morning hours, for there would be no going off duty for afternoon lectures. Such a system would be of benefit to the patient, who after all, is the reason for the existence of nurses and of hospitals. The patient's comfort has been overlooked to some degree. This sounds like heresy, but let me illustrate. The work of the hospital must, under the present system, be finished by ten o'clock in the morning when ward rounds begin, for after that there is dinner, and in the afternoon the nurses must be off to lectures. This means, in the hospitals in which I have been a patient, that the daily routine of the patients begins at five in the morning.

Let me picture to you a typical day, without any exaggeration. At five o'clock the night nurse comes in, switches on the light, seizes the pitcher and departs for hot water. She then places the bowl on the stand, pours the water, places the tooth cleaning outfit in reach, and departs. I wash my face, and hands, brush my teeth, and sink back beneath the covers. I cannot go to sleep because the light is on, and because I know that in a few minutes, the nurse will be back to remove the bowls, and empty them and back again to replace them in my room. So I lie, sleepy but unable to sleep, until she has twice again entered the room. By that time it is about half past five. I try to sleep but know that it is useless, because at six the baby will be brought in to be fed. I am just dozing, when the nurse enters with the baby. At 6.45 away goes the baby, and in comes the nurse to take my temperature. At seven my breakfast arrives. At eight, the nurse starts my bath and this performance lasts until nine. I look at the clock and sigh. One full hour before the baby has to be fed again and before the doctor comes. I snuggle down to sleep, but the door opens, and in comes a woman to sweep the floor. At last she goes but she has not disappeared more than five minutes when there is another knock and another woman who wants to dust, and place clean covers on my bureau and table. She goes, and by this time it is 9.30. I see that half of my hour has gone, but I am determined to get my rest, and so I stubbornly start off to sleep. Then someone wants to bring in my flowers, which have been in the halls outside the door. After they are arranged, the baby has to be fed, and after it is fed, the doctor makes his morning call, and after that, I get my mid-morning nourishment and by the time that has been removed, I am almost at noon, when dinner is served. That over and the tray cleared, and my temperature taken, it is time for the two o'clock feeding of the baby. By the time the baby is removed, it is nearly three o'clock and I settle down for a really good nap of two hours, but even that is interrupted for a mid-afternoon cup of nourishment.

As supper must be got in as part of the day nurse's routine, it is served shortly after five o'clock and at six in comes the baby, and at seven the nurse to give me an alcohol sponge, and medicine, and fix me for bed. Before that is over the evening hours for calling begin, and a constant stream of people goes past my door, and this keeps up until nine o'clock. I doze until ten, and in comes the baby again. At 10.30 I am again settled down for a night's rest, which is broken from two until three for feeding the baby. The day starts again at five, and I wash my face and brush my teeth again!

Of course if you are in for something

less nice than a baby, such as a broken leg, or a bad heart, you may not have so many interruptions, but your day begins at five in the morning just the same in order to let the routine of the hospital go on. I can't tell you what the nurse might say about her hectic day, but I am sure that she could be eloquent. Please do not think I am blaming anyone. The day nurse's time is so crowded with work and lectures that the night nurse has to help by getting things started early. But it is hard on the patient and I have known many who bitterly complain that the last place in which to rest is in a hospital.

Now let us imagine a routine in a hospital where there are no nurses off for lectures, where there are three shifts of nurses on duty, and where, because there are no afternoon lectures, there is no driving necessity for having all the work done before ten o'clock. If a patient is bathed every twenty-four hours, and the bed is made every twenty-four hours, I cannot see why this must be done immediately before the doctor's visit. Some patients could be bathed at eight, some at nine, some at eleven after the doctor's visit was over, some at one or two or three in the afternoon. Instead of starting the day at five, it would not begin until half past seven or eight, in the case of babyless patients, and at six for the maternity cases, with breakfast not until eight, so that the mother could have a rest of two hours after the morning nursing. I know that this sounds radical to those who have always done things in the old way, but for the comfort of the patient, which is after all the first essential, the new way is infinitely preferable.

The amount of physical work which a nurse would have to do (and hence the number of nurses necessary) could be reduced by the simple device of having hot and cold running water by every patient's bed. The five o'clock ordeal of washing the ward and cleaning its collective teeth could be eliminated, for the patient could do all that in a few minutes when roused to get breakfast. If the hospital architect would consult the head nurse of a hospital she would give him untold ideas as to how to save energy and time. But men do not do the nursing, and they forget many of the simplest necessities.

The education and training of the nurse is extremely important and is bound to undergo revision in the not distant future. To evolve the best system, we need the help of the members of the nursing profession and of the allied profession of medicine. It sometimes happens that those who are outside the profession can see more clearly what should be done than those who are too closely related to its past history and its present system to be able to think and act along new lines.

Were You There?

KATHLEEN W. ELLIS

Executive Secretary and Registrar, Saskatchewan Registered Nurses Association

Were you there? If so this article will recall happy memories of days spent in Prince Albert. If you were not, we hope that it will inspire you to be on hand next year. Attendance at the twentieth convention of the Saskatchewan Registered Nurses Association surpassed all expectations and was one of the largest on record. One enthusiastic nurse flew a hundred miles to attend, bringing with her a splendid collection of Indian handiwork as a contribution to the International Red Cross Bazaar. That preparations for the convention had long been under way was evidenced by the excellent arrangements and the facilities that were provided for the comfort and convenience of visiting nurses. Mrs. Harry, president of the Prince Albert Registered Nurses Association, and her committee thought for and with their guests.

Welcomed by His Worship, Mayor Fraser, and the officers of the institution, Dr. Kirkby and Miss MacDiarmid, the Sanatorium at Prince Albert opened its doors to us all. Transportation along roads leading through thickly wooded country, decked in its new spring clothes, was an additional attraction especially to those who came from less favoured parts of the Province. We can make this statement without fear of treading on proverbial "toes," for Prince Albert is rightly credited with being one of the beauty spots of Saskatchewan. The smell of the pines and other evergreens still lingers.

The first session was devoted to reports and routine business. An increase in membership of 115 over last year was recorded, the number of new registrants exceeding that of any year since the organization of the association. In her presidential address, Miss Lawrie commented upon the fact that this year is one of great national celebration and is significant to all British subjects. Her suggestion that this meeting should serve as a fitting occasion for the nurses of Saskatchewan to pledge their allegiance to their new King was enthusiastically received.

Miss Lawrie referred to the appointment of an Adviser to Schools for Nurses in Saskatchewan as: "the most important action that has been taken by your Council during the past year." She also called attention to the association's new office at 1761 Scarth St., Regina, and urged members to make use of it. Saskatchewan nurses left their Adviser in no doubt of their desire to welcome and to support her.

The organization of the advisory committee on policies affecting schools for nurses in Saskatchewan, was ably presented by Miss Simpson, chairman of this committee, and President of the Canadian Nurses Association. The scope and function of a nurses registry was the subject of a paper given by Miss Helen Wills, chairman of the private duty section; this was discussed by Miss Armatage, registrar of the Regina Registered Nurses Association. Many helpful suggestions were given, including the discard of the "horse and buggy" type of registry and the adoption of a system more in keeping with the needs of the nurses and the community. Reports of the reorganization of registries and other provincial activities were given at this session, and that of the private duty section. All evidenced thought and activity on the part of private duty nurses.

Miss Mathilda Diederichs, instructor at the Grey Nuns' Hospital, Regina,

gave a definition of Dominion Registration. The suggested plan was outlined by Miss Drewery, instructor at the City Hospital, Saskatoon, and Miss Ruth Morrison, of Prince Albert, dealt with some provincial aspects. We are inclined to believe that the Rev. Sister O'Grady, superintendent of St. Paul's Hospital, Saskatoon, had already answered to her own satisfaction most of the pertinent questions that she offered as the basis for discussion, but for many, their consideration undoubtedly clarified the underlying principles of the proposed plan.

One session was given up to the consideration of "A proposed Curriculum for schools of nursing in Canada." Those who took part in presenting some of the principal aspects were Miss Amas and Miss Lawrie. An excellent discussion was led by Miss Aubra Cleaver. Miss Keeling and Miss Bie discussed theoretical and practical experiences. Many, who before had been silent, were tempted to express their views when health and community aspects were introduced by Miss Ruby Simpson and discussed by Miss Morton, of Weyburn.

The convener of the public health section, Miss E. Smith, was unable to be present, but in her report outlined a study programme that has been carried out by the sub-sections throughout the Province. She spoke enthusiastically of the conference for public health nurses, to be held in Saskatoon, when the topic for special consideration is to be school health work. In giving the report of the nursing education section, the convener, Miss Amas, stressed the value of the refresher courses held at Moose Jaw, Regina and Saskatoon, and also the interest that has been demonstrated by the sub-sections in the study of the proposed Curriculum. The report of national enrollment of nurses for emergency service in Saskatchewan was given by Miss C. Isabel Stewart. This showed an increase in personal donations and a Saskatchewan is now not far behind the allottment made to this province.

For the Nightingale Memorial Committee, Miss Lawrie, the chairman, gave some interesting figures, showing an increase in personal donations and a ready response to the request for donations to the International Red Cross Bazaar. The meeting voted that $300.00 be sent to the Nightingale Fund as a donation.

We learned with sincere regret of the resignation of Dr. W. C. Murray, President of the University of Saskatchewan since its inception. Since the passing of the Registration Act in 1917, Dr. Murray has proved his untiring interest in the activities and problems of the nursing profession.

The following were declared elected to office for the coming year: president, Miss Annie Lawrie, Regina; first vice-president, Miss Ann Morton, Weyburn; second vice-president, Rev. Sister O'Grady, Saskatoon; councillors: Miss Mathilda Diederichs, Regina; Miss Christina Macdonald, Saskatoon; chairmen of Sections: public health, Miss Ann Morton, Weyburn; nursing education, Miss Amas, Saskatoon; private duty, Miss Helen Jolly, Regina. The invitation of the Moose Jaw Registered Nurses Association to hold the annual meeting in Moose Jaw next year was accepted.

One of the most encouraging factors of this convention was the good attendance of younger members. While not always as vocal as they might have been, they made valuable contributions when called upon to do so, and are evidently preparing themselves to take their turn when the time comes. That Sisters and lay members share common problems and interests was apparent from the large number of the former who attended. We welcome them.

Many conventions are justly pleased to include noted speakers on their programme. While one would question the advisability of adopting such a policy as a permanent one, the S.R.N.A. is pleased to report that this year the entire proceedings of the meetings were carried out from within its own membership. Nor did the proceedings lag, a tribute to the nurses of Saskatchewan who contributed, and to their presiding officer, Miss Lawrie, of whom they are justly proud.

Every minute that was not devoted to business seemed to be filled with delightful social events. These began with luncheon at the Holy Family Hospital, when the Rev. Sister Mona and her staff served a luncheon that has been commented upon long after most meals are forgotten. Dr. and Mrs. Kirkby, of the Prince Albert Sanatorium gave a delightful tea which was the scene of many reunions, for distances in Saskatchewan are great and many members had not met for years. Departing from the policy adopted in the business meetings, outside speakers added zest to the luncheons and dinner. Dr. George Ferguson spoke at the luncheon on "Tuberculosis in the young woman." Mr. Staines chose for his subject, "Peace problems" and gave a scholarly address which contained an individual message for all who heard it. On the second day, Mrs. Harry and her staff once more gave themselves to entertaining the visitors. At the Victoria Hospital, Mr. Howard, the chairman of the hospital board, and Dr. Miller welcomed us on behalf of the hospital and the medical profession.

With the last afternoon came the trip to Emma Lake, and tea with Dr. and Mrs. Bliss and Mrs. Miller at Dr. Bliss' attractive "cottage"—did we hear some one say? It was a sumptuous repast amid delightful surroundings. We could hardly believe that we were expected to eat another meal that day but, being nurses, we did our duty nobly as we sat down to a supper provided by the Young Men's Board of Trade. One of the young men confidently expressed the opinion that this supper accounted for the large attendance. While we cannot altogether support this opinion, we do know that this and all the other entertainment so generously provided by our hosts and hostesses, played a large part in the success of the convention. Like the small child, we want to say to the Prince Albert Registered Nurses Association: "Please don't forget to ask us soon again."

CANADA'S FLYING NURSE

Miss Margaret Radcliffe, Canada's first and only air line stewardess, will serve passengers on the new Montreal-New York non-stop Flagship service which opened on May 15. Miss Radcliffe was employed by American Airlines, Inc., the company which will operate the new service under contract to Canadian Colonial Airways. Early this year when preliminary arrangements for the new service were being made, it was felt that a Canadian service should employ Canadian personnel whenever possible. Few stewardesses have had an opportunity for wider experience than Miss Radcliffe despite the fact that she

has been with the company a comparatively short time. In order to fit her for the new non-stop assignment American Airlines officials gave her an opportunity to work virtually the entire Southern Transcontinental route from Los Angeles to New York as well as the Chicago-New York and New York-Boston routes. Miss Radcliffe graduated, in 1935, from the School of Nursing of the Royal Victoria Hospital, Montreal. We wish her happy landings.

PLANTING A TREE

Coronation Day in Montreal brought bright sunshine and blue skies. Here we see a tree being planted, to mark the happy occasion, in the grounds of the Alexandra Hospital, while a band of young observers displays a lively interest in the proceedings. The tree chosen is a maple—Canada's own emblem. The two gardeners are seen placing it in position while the superintendent of the Hospital, Dr. E. V. Murphy, ceremoniously presents the spade to the lady superintendent, Miss Catherine Ferguson, who actually did the planting. Her assistant, Miss E. Wyatt, lent a helping hand and every department of the hospital, including the medical staff, the household staff, the laundry, and the engine room, wielded the shovel in turn. The audience is mostly composed of convalescent scarlet fever patients. The Alexandra Hospital is fortunate in having two spacious play-grounds in which the convalescent youngsters can play about without coming into contact with other patients.

In the bad old days, we once heard a hospital for communicable diseases referred to as "the kids' gaol." Modern medical asepsis makes it possible, in well managed hospitals, to reduce to a minimum the restrictions which were once so vexing to staff and patients alike. Such immunity can only be purchased by strict adherence to an exacting technique which may be ruined by a single lapse. There is no field of nursing which requires more knowledge, skill, patience and resourcefulness than caring for patients suffering from communicable disease. They foster ideas as well as trees at the Alexandra Hospital.

THE EDITOR'S DESK

A Great Lady

The International Council of Nurses will meet in London this month. Even now nurses are gathering from the four quarters of the earth. Many races, many tongues, many creeds. Yet they all serve the art and science of nursing. The woman who will preside over this assembly is herself a great nurse, and a great lady. Dame Alicia Lloyd Still, Matron of St. Thomas' Hospital and head of the Nightingale School is, in a special sense, the inheritor and guardian of the Nightingale tradition. We are proud to present to our readers the fine portrait of her which appears in this issue.

The Patient Speaks

In our leading article Dr. Madge Thurlow Macklin tells us what one patient thinks of nursing education. Dr. Macklin also has a word to say about the mechanism of hospital routine. She saw (and felt) the wheels go round, and asks some searching questions about certain regulations which are not acceptable to patients. We suggested to Dr. Macklin that the medical staff must share the blame. But she answered never a word.

Reader's Guide

In our Department of Public Health Nursing, Miss Ballantyne continues her discussion of orthopedic aspects of nursing. She stresses the importance of the psychological factors and indicates the relationship between emotional states and muscular tone. △ Miss Helen Brown contributes a thoughtful article on the value of psychological tests. Miss Brown is instructor in the Mack Training School of St. Catharines General Hospital. This School may be the oldest in Canada but it evidently welcomes new ideas. Here is an excerpt which should give us something to think about: "It is interesting that students with the highest intelligence quotients are sometimes not outstandingly good nurses. This would lead to a discussion of the importance of personality rating." △ The eight-hour day for private duty nurses is steadily growing in favour. The spread of the movement in Ontario is due to the able leadership given by the special committee of the provincial Private Duty Section. The chairman of this committee, Miss Madalene Baker, has prepared the summary of its work which is published in this issue. △ Under the caption of *Notes from the National Office* will be found the names of 149 Canadian nurses who will attend the Congress in London. Before the last ship sails many others will be added to the list. It is amply evident that the voice of Canada will be heard in this council of the nurses of the world. △ We have always contended that accounts of the meetings of nursing organizations can be just as vivid and interesting as the meetings themselves. Turn to "Were you there"? and you will be convinced that the annual convention of the Saskatchewan Registered Nurses Association was a lively affair.

A Friend of Nurses

Nursing education in Canada owes a great deal to the sympathetic support given to it by the heads of our universities. President Walter C. Murray, who is retiring from the University of Saskatchewan, has been a wise counsellor, a kindly critic, and a staunch friend of nurses. The respectful appreciation accorded to him by the nurses of Saskatchewan is richly deserved.

It is to the universities that we must look for help in preparing our administrators, teachers, and supervisors. It is

heartening to be assured that in more than one Canadian university we have a friend at court in the person of the president.

STUDENT NURSES AND THE R.N.A.O.

Editor's Note. As already reported in the *Journal*, forty-nine students representing thirty-eight schools of nursing, were present as guests at the annual meeting of the Registered Nurses Association of Ontario. Excerpts are here made from an excellent description of the meeting prepared by Mabel Bradley and Audrey Powell both of whom are students in the School of Nursing of the Oshawa General Hospital:

As senior students we had attended a few meetings of the local chapter of the Registered Nurses Association of Ontario and we were interested in the organization and looked forward to the day when as registered nurses we should become members. But until we went to the London meeting we had a very vague idea of what the Association stood for. One impression that we gained was that the Association is aware of the need for growth of its members, culturally as well as professionally. Dr. Wallace stressed this need in his address "Nursing in a Changing World". That the organization realizes this need was evidenced by the programme of the meeting which included an address by Professor Spenceley and a paper by Miss Ballantyne. Professor Spenceley's, purely cultural, Miss Ballantyne's strictly professional. The need for relaxation and recreation was taken care of in the provision made for entertainment, the banquet, the luncheon, the teas and the drive.

We learned much of modern trends in nursing education and the reasons for these new developments. We realize now something of the work that has been accomplished in the effort to put nursing on a professional basis, first by the Graduate Nurses Association of Ontario and later by the Registered Nurses Association. We realize that but for the efforts of these women, we should not be enjoying many of the privileges which we now have as students, and that many of the benefits enjoyed by graduates today are the result of the labours of this organization. That it is the duty of every registered nurse to become a member of this Association became increasingly clear to us with each session. For we ought not to expect to reap the benefits of the organization, to share in the privileges which are ours, shorter hours, legal and professional recognition, without in return, supporting the organization through membership. Miss Cryderman in her address as President of the Registered Nurses Association made us realize that this membership carries with it a responsibility, that of personal contribution to the organization.

We have, we think, developed a more conscious pride in the profession, through at least seeing the women who are the leaders in our profession in this Province: Miss Cryderman, Miss Buck, Miss Russell, Miss Gunn, Miss E. MacPherson Dickson as well as Miss Lindeburgh from our neighbouring province. They are no longer merely names, but now are personalities to us. We know that soon we shall be entering a profession which is going ahead under their leadership, not a stagnant thing but full of life and growth, preparing women to take their places in the ever-broadening fields of nursing. We came home with a keener appreciation of everything for which the organization stands, an appreciation of the fact that progress can only be attained by group effort and this group effort must be the result of the individual contribution of each member to the organization.

DEPARTMENT OF Private Duty Nursing

The Eight-Hour Day in Ontario

MADALENE BAKER

Chairman, Private Duty Section, Registered Nurses Association of Ontario

The report of the provincial committee on eight-hour duty was presented at the annual meeting, in London, of the Registered Nurses Association of Ontario. At the request of the editor of the *Journal* I am summarizing it and am also indicating the general trend of thought at the meeting. The members acting on the committee were as follows: Miss Mary Delaney, Sault Ste. Marie; Miss Dorothy Kelly, Ottawa; Miss Myrtle Blanshard, Hamilton; Miss Freda Fell, Toronto; Miss Madelene Baker, London, (convenor). Owing to the distances separating the members it was necessary to carry on most of the work by correspondence, however, during the year three of the members were personally contacted by the convenor.

Information about the eight-hour day for private duty nurses was forwarded to the private duty district convenors and their co-operation was asked in distributing it. Sufficient multigraphed copies were supplied to permit of their being placed in the hands of the executive committee of every Alumnae Association and organized private duty group throughout the Province. District convenors were requested to report the reaction of the groups in their localities. We know that the majority of private duty convenors co-operated in this distribution but there were, however, several centres, including cities, where the material did not find its way. Reports from individual centres were prompt but from private duty district convenors they were very slow. We regret this circumstance as we feel that progress can only be made by united effort. Addresses on the eight-hour day were delivered to private duty groups in Hamilton, Niagara Falls, St. Thomas, Sarnia, Toronto, Ottawa, Belleville, Chatham and Windsor. Approximately two hundred letters were sent out in answer to inquiries.

The following cities have adopted an eight-hour day for special nurses on duty in hospitals:

Sault Ste. Marie	fee $4.00
London	fee $3.50
St. Thomas	fee $3.50
Toronto	fee $4.00
Simcoe	fee $3.75
Niagara Falls	fee not stated

Cities where a vote has been taken, with the date of adoption pending, are as follows: Peterborough; Hamilton General Hospital; Belleville; St. Catharines; Kingston; Oshawa. Several other centres intend to record their vote in the near future including Ottawa, Windsor and Sarnia.

It is interesting to note that, to our knowledge, no centre in our Province, where a vote has been taken with the exception of Stratford, has turned down this progressive movement. The eight-hour day has greatly assisted in relieving unemployment, and in promoting more even distribution of work. As the plan unfolds, it becomes increasingly popular with the private duty group. The doctors are co-operating and the public benefits in that its members may en-

Courtesy of The London Free Press

Zero Hour in the life of a twenty-hour nurse

gage professional nursing service for that period of time most beneficial to the patient.

The trend of thought at the sessions held in London showed that members of the Private Duty Section are intensely interested in solving their problems, and in adequately meeting the nursing needs of the public, as the following pertinent questions and the answers to them will depict:

How does the eight hour day work out in home?

It is becoming increasingly popular, but since the hours of service are optional in homes, there is a need for greater publicity. In many instances it was found that a member of the family could competently care for the ill member if assured of a period of complete rest. The shorter service provides for this with less inroad on the hard-to-keep-balanced budget.

There was mention of a ten-hour nursing service in homes and a feeling that this would prove most popular because it would afford the public employed in offices and elsewhere for approximately eight hours, sufficient time for work and transportation while members of their family received professional nursing service at a minimum cost. It was felt that many twelve-hour services would be replaced by the ten-hour service if it were given proper publicity.

How could the nursing hours be reduced in rural districts?

One would expect the answer to this question to compare with the answer to a riddle: "we give up!" But not so. The group were in a constructive mood and thought the solution to this might be

worked out by the establishment of a Provincial Bureau of Nursing which would provide more even distribution of nursing services. There were those present who, until that moment, thought they would make little use of their algebraic education (with the exception of solution tables) but, with cyclonic suddenness, realized the value of "let X equal the unknown quantity."

Do we prefer to offer an eight-hour or a twelve-hour service?

Without question the Private Duty Section of the R.N.A.O., received a mandate from the members to carry on this publicity programme for shorter hours. The expression of opinion was practically unanimous for the eight-hour day. There was a feeling, however, that the minimum fee should be set at $4.00. This was not believed to be an imposition on the public since the cost of nursing service is reduced by the adoption of the eight-hour day (a) because it provides specific care in any given eight hours, thus eliminating the cost of the other four hours which patients were required to finance under the twelve-hour plan; (b) because of the division of hours, one and sometimes two services may be dispensed with at a much earlier date than under the twelve-hour plan.

Uniformity of fees as well as hours appeared to be desirable and fifty cents per hour, plus one meal at the expense of the patient was not considered an exorbitant fee even for non-professional people.

Is an experimental system of field work under supervision approved for the private duty group?

This question is being referred to the private duty group in each of the va-

Courtesy of The London Free Press

The thirteenth hour in a twelve-hour day

Courtesy of The London Free Press

Eight-hour duty and normal living

rious districts of the R.N.A.O., for study and suggestions as to how the plan might be worked out.

Could the nurses in any locality start a Bureau if they could raise sufficient funds?

Since finance appears to be the stumbling block in regard to the establishment of Bureaux, we would say more power to the group in any locality with enough energy and progressive stimulus to attempt to provide the necessary funds for such an experiment. It would, however, seem advisable to seek direction for any such procedure from our Provincial Association. There is a special committee on Bureaux of Nursing which would greatly assist any group to more adequately meet the nursing needs of the public.

Were we seeking an answer to "where do we go from here" it would seem that what is written between the lines in the private duty trend of thought during the Convention points to a realization of the need for the establishment of a Bureau of Nursing. "How long before the possibility may become a reality?" asks one private duty nurse of another. "Just about the length of time it takes us to make up our minds we want it", was the reply.

Editor's Note: The illustrations which accompany this article are photographs of the amusing exhibit displayed at the annual meeting of the R.N.A.O. In an imaginary interview, the "Day Sisters" expressed themselves as advocating a working day which would afford opportunity for rest and recreation as well as service to the patient. Great ingenuity was shown in such details as the furniture and nursing equipment, most of which was made by hand. Note the alarm clock and the paraffin lamp in the first picture.

The Value of Psychological Tests

HELEN BROWN

Instructor of Nurses, The Mack Training School, St. Catharines, Ont.

For the past five years the Mack Training School in St. Catharines has been fortunate in having the privilege of sending its students to be interviewed by the members of the Mental Health Clinic. As soon after admission as it is possible for them to have an appointment, the students are seen by each member of the Clinic Staff, including the psychiatrist, the psychologist, and a social worker. The work of the Clinic is explained beforehand and the students go with the realization that they are having a unique opportunity to see it in action.

In addition to these interviews, the students are given the Stanford Revision of the Binet-Simon test, and the scaled information test and, for the past two years, they have also had the Bernreuter personality inventory, administered by the instructor under the direction of the psychologist. The report, which the superintendent of nurses receives from the director of the Clinic, includes a statement of the mental age of the student, or of the category into which she falls, and a report of the general impression she made, together with helpful suggestions and warnings of possible difficulties, if these are needed.

An attempt will now be made to discuss the value of this contact with the Clinic from the standpoint, first of the student, and then of the school:

1. At a time when she has many adjustments to make, the student comes in contact with trained workers with whom she has had no previous association and is able to discuss her problems more freely than she probably would with those under whom she is working day by day. Sometimes her social history throws light on some of the difficulties with which she is faced.
2. By personal experience she learns something about the clinic routine as she could in no other way.
3. She discovers that, contrary to popular belief, having an intelligence test is interesting rather than terrifying.
4. If she has been found to show signs of maladjustment, the clinic may request a subsequent report on her, with a further interview if necessary.
5. Contact with the personnel of the Clinic is of great benefit to the student from the standpoint of her own mental health. The students are never given any information regarding the psychometric tests, but they are at liberty to discuss the personality rating with the instructor, if they wish to do so.

From the standpoint of value to the training school of these tests, it may be noted that the psychometric tests do serve to corroborate the findings of the school in regard to the student's scholastic standing. In a series of sixty-seven students who have passed through the clinic, and have either graduated from the school or are still members of it, the following figures have been reached in a

rather sketchy fashion: with forty-three students there is a fairly close correlation between the intelligence quotients and the average of examination marks; in seven cases, the examination results were higher than one would be led to believe, judging from the intelligence quotients. The reverse was true in seventeen cases, but in at least ten of these, personality factors may have entered in, and it is possible that physical factors had a bearing in some instances.

The psychometric report has not been used as a criterion for determining a student's suitability for continuing her training, but it has given valuable information regarding the student whose capabilities may have been low, and the one who did not seem to be living up to her potentialities. It is interesting that students with the highest intelligence quotients were sometimes not outstandingly good nurses. This would lead to a discussion of the importance of personality rating.

In the problem of the personal adjustment of the student, the comments of the director of the Clinic, and the Bernreuter ratings for self-sufficiency, dominance and neurotic tendencies have been of great help. The Bernreuter ratings were of particular value in arriving at an understanding of the overly dominant individual, who, while not adjusting happily to the training school situation, was yet well enough in control to avoid making this trait obvious to those under whom she worked. It is noteworthy that one class, deemed to be exceptionally pleasant, showed a considerable number of its members to be lacking in self-assertiveness.

The instructor has been helped greatly by having the opportunity, when occasion arose, to take the specific problems to a member of the Clinic who knew something of the background. She has also been helped in her understanding of the students by a discussion of the reports of the psychiatric tests.

It would be difficult to over-estimate the value of these tests, and the association with those who are not only competent to give them, but also to help in the problems of adjustment. The value to the student is from the standpoint of her own experience and improved mental health. The value to the school lies in the information and advice received. Perhaps the greatest value of all comes from the establishment of happier and more helpful relationships between the students and those who are trying to help them become good nurses.

STUDYING TUBERCULOSIS

The School of Nursing of the University of Toronto was the centre in which eighty nurses from widely separated points in Ontario recently gathered for four days to study tuberculosis. They came from sanatoria, general hospitals, Ontario Hospitals, Red Cross Outposts and public health nursing organizations. Through well-prepared lectures the subject was presented from the point of view of medicine, surgery, the laboratory and the community.

During the session held at the Toronto Hospital for Consumptives, Weston, a two-act play: "It need not have been", was presented. The play was delightfully entertaining and, on the serious side, served as a demonstration of the teaching and discussion of the previous three days. The staff of the School of Nursing of the University of Toronto entertained the group at sea on the afternoon of the first day and at the conclusion of the play, the nurses were luncheon guests of the Sanatorium.

In making possible such refresher courses, the School of Nursing is giving much needed leadership and judging from the response in the nursing group, this leadership is appreciated.

The Aims of Education

MAEVE MACGROTTY

Student, 1936-1937, *The School for Graduate Nurses, McGill University*

In reading of the education of the greatest Teacher of all, we find that *he increased in wisdom and stature, and in favour with God and man.* Surely, education can give us no more than this, but to be complete it must embrace all these aspects. It must give us growth, physically, mentally and spiritually. It must fit us to take our place in the world, efficiently and happily.

He increased in wisdom. The aim of education is to sift from past tradition all that is best and most valuable; to glean from new institutions that which is sound and creative and inculcate it all in us. Our minds thus enriched with the treasures of past and present, education must point the way whereby we may employ these treasures for the common good of all. Freely have we received, freely must we give. Hoarded treasure, which sees only the greedy light of its owner's eyes, loses life and meaning. It becomes merely base metal: an empty symbol of a lost glory, a wasted hope.

He increased in stature: Education must not lose sight of our physical well-being. Health of the body and health of the mind are interdependent. The Greeks recognized this fact, and Greece, in its time, was the focal point of the culture of the early world. Great minds may grow in weak bodies, but they do not thrive for long. The world has lost much in the premature death of Schubert, Mozart, Keats and Kane.

He increased in favour with God. The central aim of education must be to keep alive in us that immortal spark that gives us kinship with God. To know God and enjoy Him forever—what could be more than that? To know God would be to see Him in field and tree, in mountain and stream, in all Natural Law, in our fellow men, in ourselves. Education needs this great ideal to save it from its own destruction. A mind in tune with God can never wreak harm upon its fellow men. Without God there might be no end to the chaos and evil ensuing. President Roosevelt, in a recent broadcast, said: "No greater thing could come to our land than a revival of the spirit of religion, which would sweep through the homes of the nation and stir men and women of all faiths to a reassertion of their belief in God and their dedication to His will for themselves and the world. I doubt if there is any problem, social, political or economic, that would not melt away before the fire of such a spiritual awakening."

He increased in the favour of man. Man's place for the present is in the world, and in the world of today. Here he must live with other men—weaving a dream perhaps, but living with reality. Education must equip him to live harmoniously, securely, usefully. Man has a contribution to make, for other generations as well as his own. Education must enable him to make that contribution, great or small though it may be. Education must not lose sight of the fact that all men are not born equal. The capacity of some may be that of a measure of hemp; of others, a measure of silk. The measure of hemp may never enrich the world with delight or become a lasting monument to art, and the silk may. But will the hemp make a good, stout bag, or fill some other utilitarian purpose, if properly developed. It is just as necessary to civilization as the silk, and

it must be given an equal opportunity.

The aim of education is to understand man, recognize his potentialities, develop them to their utmost capacity, and show him the place in the world where he may fit most effectively. "Now we see through a glass darkly," man catches the gleam through his own mirror—goodness, truth and beauty. The ultimate aim of education must be to fuse the whole reflection, and show to all alike the Godhead shining through.

A HAPPY OCCASION

Margaret Clutterbuck

When the Red Cross Society of the Province of Ontario recently invited the doctors, nurses, dentists and nutritionists, who had taught the Home Nursing classes, to lunch at the Granite Club in Toronto, there was a goodly response. The guests numbered over two hundred, and a happy company it was. The chairman, Dr. F. W. Routley, revealed that between 35,000 and 40,000 persons throughout the Province had received instruction in these classes, and voiced the hope that the educational department would soon include this instruction in the curriculm of the high schools. Miss F. H. M. Emory discussed the qualities of a good teacher and stressed the need of a broad knowledge of the subject, personality, and skill in the presenting of facts.

Dr. Brodie spoke of the place of professional women in volunteer community nursing. He said that they had something special to give and could do more for the "plain poor" in making their lives rich, than for the "rich poor", who are so otfen less aware of their own poverty. Dr. Tisdale brought hope of accomplishment, in that our neighbours of the South, led by governmental study of how to improve the nutrition of the public, reduced their food budget one-third while increasing the nutrition values. Dr. McGregor humorously explained his method of teaching dentistry to children by sleight of hand and while most of us can never hope to attain that, we can carry to our classes, a good story which may serve to put them at ease. Miss Gladys Sharpe told of taking a class from the church to the near-by hospital, thus "selling" the hospital to them with good results. Miss Walker, of London, spoke of the benefits of group teaching in their district. Mrs. Coulter, of Windsor, said they had made a study of food values with great profit. Mrs. C. J. Currie suggested that boys should be taught the elements of nutrition. Dr. J. L. Biggar, after expressing the appreciation of the Red Cross Society of the volunteer services, asked for suggestions for the new edition of The Manual for Teachers. Dr. Marsh offered a new chapter on dentistry and Miss McCready one on nutrition. Mrs. Plumptre, in an apt little speech, spoke amusingly of her memories of beginnings and wondered whether the Red Cross Society's next step might be guiding recreation. Miss Gunn said how glad she was that we volunteer folk have kept our minds and hands in working order. We realize the cause is a good one and are glad to put our best into it.

WANTED

A housekeeper is wanted for a small institution in Toronto. Duties to begin in September. Experience in the management of a food service and in the direction of a domestic staff is necessary.

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Ste. 401, 1411 Crescent St., Montreal, P. Q.

Orthopedic Aspects of Nursing

MARION C. BALLANTYNE

Orthopedic Supervisor, Visiting Nurses Association, Brooklyn, N.Y.

The term, orthopedic, is derived from two Greek words: "orthos," meaning "straight" and "pais" meaning "child." This would imply that prevention and correction of deformities applies only to children. In our present conception of the term, orthopedic is a highly developed specialty which includes the prevention and correction of deformities in all ages by mechanical and surgical means, by treatment of diseases of the bones and joints, and the complete rehabilitation of the patient. Early recognition of disease and deformity is important so that proper surgical care can be instituted at once. Babies born with a club foot, wry neck, and Erb's palsy have much more chance of improvement and often, recovery, if placed under care as soon as the condition is noted. The early application of plaster or splints by the physcian, followed by massage and muscle training, will sometimes eliminate the necessity of surgical intervention.

Until a few years ago, little hope was given to the parents of a child, when injury at birth resulted in a spastic paralysis—a condition characterized by weakness, stiffness, loss of control, and hyper-irritability of the muscles rather than by a definite paralysis. Early signs, in a very young child, are unco-ordinated movements of the extremities and tenseness of the parts. As the child grows older, walking is delayed and there may be evidence of a disturbance in speech. In a severe injury, the child does not attempt to sit up, and cannot do so without support. Feeble-mindedness was once believed to be definitely associated with the spastic because of the drooling and grimacing which frequently accompany the condition, and little attempt was made to understand or aid the patient. It has now been shown that all spastics are by no means feeble-minded, and that by special training and thoughtful study they may be rehabilitated.

If the spastic condition is severe, the patient's hips and knees are flexed and the legs are held close together and turned inward. The feet turn in, and are held in a position of drop-foot. The upper arm is flexed at the elbow, the forearm pronated, the wrist flexed or in a dropped position, and the thumb is pressed into the hand by the flexed fingers. The aim in the treatment of the spastic is to help him to co-ordinate his movements by bringing about a voluntary control of the skeletal muscles. The primary objective is to bring about a state of conscious relaxation before re-education of the muscles can be instituted. To be effective, word pictures must be of experiences within the scope of a patient's understanding such as a narrative description of a fishing trip, to a boy of twelve or fourteen years. This suggests the sedative effect of the sun, the soothing quiet of a secluded lake and the lull of the lazy drifting of the boat, while waiting for a nibble. The length of time needed to produce conscious relaxation varies, depending upon

the extent of the injury to the nerve centers.

Physical therapy aims to prevent deformities and secure a maximum return of power to muscles and joint motion. It usually includes electro-therapeutic baking, massage and exercises. Exercises may be given on a table or under water, if so advised by the physician. The use of a pool is based on the theory that a body, wholly or pratially immersed in a fluid, is buoyed up by a force equal to the weight of the fluid displaced. In other words the force of gravity is eliminated, and the buoyancy of the water enables the patient to move the part affected with less effort—and so allow the patient more exercise with a minimum amount of fatigue. If the patient cannot be taken to the physician's office or to a clinic for treatment, it can be given effectively in the home by a person who has been specially prepared to do it. To insure the performance of true muscle action, it is preferable to use a table, rather than a bed, because of its stability.

Exercises for all orthopedic conditions, exclusive of cerebrospastic paralysis, are listed under two headings—active and passive. By active exercise is meant conscious participation on the part of the patient. Passive motion is that applied when there is a complete paralysis of a muscle group or when active motion is contra-indicated. On the basis of the principle of passive motion, that all thought tends to carry over into motion, the nurse directs the patient to perform the action and at the same time, she carries the part in the desired movement. Thus a patient with a drop-foot, when instructed to invert and supinate the foot, is given the idea that he is expected to do it with the assistance of the nurse. Great care is necessary when applying forceful manipulation to stretch a contracted muscle. Because of the disturbance of the nutrition of the part affected, particularly in poliomyelitis, the bones may be easily fractured. In view of this fact, the orthopedic nurse or physical therapist must be able to sense the strength of the part.

Careful study is required to determine the number of exercises to be given to any group of muscles, and the resistance which can be applied, *without causing a damaging fatigue.* In conjunction with exercises, massage and baking are applied in order to increase the flow of blood to the part, restore and maintain muscle tone and relieve fatigue. Massage and exercises must never be used to the point of fatigue.

There is no set rule for the sequence of the treatment. It is governed by the personality and physical make-up of the patient. For instance, a highly nervous child who has an inherent antipathy to the nurse is likely to react unfavorably on her approach. This would make it difficult to secure the co-operation necessary for effective exercising, therefore massage would be applied first, so as to allow time to win the child's confidence. On the other hand, a child may become so completely relaxed by the massage as to produce sleep; it is then necessary to start the treatment with exercises. The physical aspect of the part is important because, if the circulation has been markedly impaired, massage is indicated as a preliminary to the exercises.

There is no dramatic appeal in orthopedic nursing. It requires a patient, steadfast effort on the part of the nurse, to withstand the discouragement of the long process of re-education. It is often necessary to carry a cripple through years of treatment, and repeated operations, gaining a point here and there. During this period of rehabilitation every effort must be made to keep him from becoming cripple-conscious. Emphasis must be placed upon his capabilities so that he will realize he has a place in normal society.

Long periods of hospitalization, and constant association with crippled children, are detrimental to the morale of the crippled child. He even assumes an indifferent attitude toward the improvement of his own condition. This story will illustrate the point: a child in one of our leading Brooklyn hospitals had been there so long that she informed one of the doctors that "everyone is crippled." The doctor replied: "Oh no, Dr. Blank is not." "Oh yes, he is" said the child, "he has braces on his eyes." Then the doctor mentioned another physician who is short and rotund, and the child answered: "He is a cripple too, he has a hunch-back in front." To avoid such an attitude, it is imperative that the child return to his home as soon as possible. Home environment and contact with normal children are essential factors in helping him to adjust himself to society.

The essential objectives in the rehabilitation of a child or an adult with a crippling condition are:

1. To recognize the defect early, so that prompt and adequate treatment can be started.
2. To provide education and vocational guidance.
3. To educate everyone, and particularly nurses, to be cripple-conscious.
4. To require special preparation for those giving physical therapy treatment.
5. To keep in mind the aim of orthopedic surgery: the rehabilitation of the patient to the point of making him an earning and acceptable member of society.

Editor's Note: This article is the second of a series based on an address given by Miss Ballantyne at the Annual Meeting of the Registered Nurses Association of Ontario, April 2, 1937.

THE McGILL SCHOOL

At the recent Convocation of McGill University, twenty-six nurses received their certificates after completing their studies at the McGill School for Graduate Nurses. During the past year, the School has been extremely active. There were 27 full-time students and no less than 81 students took partial courses. The last named group are members of the staffs of local hospitals and public health agencies. Nearly 200 other nurses attended a refresher course offered during the Fall term.

The prize winners were Miss Thelma E. McKenzie and Miss Ella O. Hunson. Miss McKenzie was born and educated in Saskatchewan, and is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the nursing staff of that hospital. She was awarded the Lieutenant-Governor's Silver Medal for the highest standing in the course in teaching and supervision in schools of nursing. Miss Ella O. Hunson who was born and educated in Nova Scotia, is a graduate of the School of Nursing of the Glace Bay General Hospital, Glace Bay, Nova Scotia, and won the Leutenant-Governor's Bronze Medal for the highest standing in the course in public health nursing.

Scholarships or bursaries were made available under the sponsorship of: The Carss Scholarship Fund; the Alumnae Association of the McGill School for Graduate Nurses; the Alumnae Association of the School of Nursing of the Royal Victoria Hospital; the Alumnae Association of the School of Nursing of the Montreal General Hospital; the Shriners' Hospital; the

Association of Registered Nurses of the Province of Quebec; the Association of Registered Nurses of the Province of Alberta; the Victorian Order of Nurses.

The Alumnae Association of the McGill School has completed its fourth year of helping to maintain it and the coming session will be a momentus one because it marks the termination of the five-year pledge of the Association to the Univeristy. However, the outlook is brighter and it is hoped that the special committee recently appointed by the University to study the future of the School may recommend financial support by the University. It looks as though the gallant fight made by the friends and supporters of the School may yet be rewarded with a well deserved victory.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Student Government, Royal Alexandra Hospital, Edmonton	$15.00
Interested Married Nurses, Edmonton	13.00
Overseas Nursing Sisters Club, Calgary	5.00
Calgary Association of Graduate Nurses	10.00
Public Health Section, A.A.R.N.	10.00
A. A. Lamont Public Hospital	10.00

Manitoba

Staff, Mental Hospital, Brandon	2.50
Staff, St. Boniface Hospital	4.25
A. A., St. Boniface Hospital	25.00
Staff, Mental Hospital, Selkirk	1.00
Nursing Staff, Hunter Hospital, Teulon	1.25
Miss P. Anderson, Winnipeg	.50
Student Nurses, Winnipeg General Hospital	5.00
Social Service Department	1.25
Staff, Central Tuberculosis Clinic, Winnipeg	2.00
Nurses, Medical Arts Building, Winnipeg	4.00
Victorian Order of Nurses, Winnipeg	1.75
Children's Hospital, Winnipeg	7.00
Deer Lodge Hospital, Winipeg	3.50
A. A. Misericordia Hospital, Winnipeg	10.00
A. A. St. Joseph's Hospital, Winnipeg	7.00
Nursing Division, Provincial Government, Manitoba	6.25

New Brunswick

New Brunswick Association of Registered Nurses	50.00

Ontario

Student Nurses, East General and Orthopedic Hospital, Toronto	12.00
Overseas Nursing Sisters Association (Toronto Unit)	10.00
A. A., Toronto General Hospital	100.00

Quebec

Nursing Staff, Alexandra Hospital, Montreal	17.75
Graduate Nurses Association, St. Justine Hospital, Montreal	5.00
Edith Cavell Chapter, I.O.D.E., Montreal	5.00
Student Government, Royal Victoria Hospital, Montreal	50.00
A. A., Royal Victoria Hospital, Montreal	50.00

Saskatchewan

Moose Jaw Registered Nurses Association	5.00
Miss Jean Nicol, Red Cross Outpost, Loon Lake	1.00
Prince Albert Registered Nurses Association	10.00

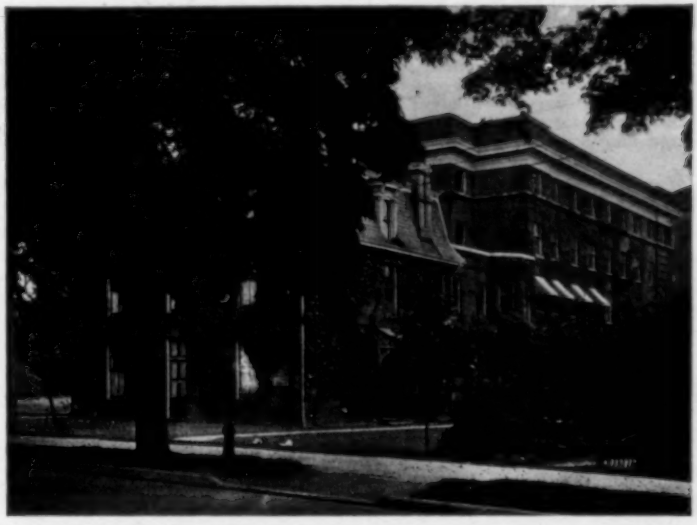
A PLEASANT REUNION

Professor E. J. Pratt, Professor of English at Victoria College, was the principal speaker at a reunion dinner held recently in Toronto by the Alumnae Association of the University of Toronto School of Nursing. On this occasion, the 1937 class of the new undergraduate course was present as well as many graduates of former years in the one-year and four-year courses. Introduced by Miss Laura Webb, President of the Alumnae Association, Dr. Pratt outlined the theme of his latest, and as yet unpublished poem, "The Fable of the Goats" —an allegorical commentary in ironic vein on political conditions in present-day Europe. Dr. Pratt read extracts from this poem, followed by several shorter ones on subjects of particular interest to nurses.

In a message to the Alumnae Association, Miss Russell pointed out that sixteen years ago this month the first class of public health nurses was graduated from what was then known as the Department of Public Health Nursing in the University of Toronto. Development through the years was traced, a development culminating in organization of the School of Nursing within the University in 1933. Miss Russell outlined briefly the present position of the School and made a plea for continued co-operation and support on the part of the Alumnae Association.

A distinguished guest at the dinner was Miss Mary Lambie, Director of Nursing in the Department of Public Health in New Zealand. Miss Lambie took the course in public health nursing at the University of Toronto in 1925-26, and since returning to New Zealand, has assumed active leadership in the development of nursing services in that country. Miss Lambie conveyed greetings from the nurses of New Zealand, and expressed the hope that in the not too distant future a system of exchange might be worked out between the nursing associations of the two countries.

Mrs. George Hanna reported progress in collection of a special fund on behalf of the School. The objective of this fund is spread over a number of years and is being raised by personal subscriptions, life membership and group effort.



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2. *One-year courses for graduate nurses.* These include a course in public health nursing; instructor's and supervisor's courses for hospital staff nurses; and special studies for advanced students.

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ARE EDITORS HUMAN?

We always enjoy reading the Year Books which reach this desk from time to time. We feel like a "movie scout" looking about for new talent and occasionally finding it. The following disarming appeal is the preface to the first Year Book of the School of Nursing of the Calgary General Hospital. We are keeping an eye on its writer, Miss Hilda Paterson; she has the right editorial approach.

"The first Year Book of the Alumnae Association is in your hands. Scan its pages, heed its plaintive pleas and overlook its errors. Much of our information has come to us by word of mouth and has, no doubt, gained or lost in transit. Therefore if you find your address quoted as "Timbuctoo" instead of "Alaska" be lenient—we only heard. And again, if you are credited with twins or even quintuplets and such is not the case, forgive—to err is human, and editors after all, are human. We need your help; we are athirst for knowledge and no matter how your life drips with monotony in its everydayness, it is news—and news is what we crave. Let us know what you are doing."

VARICOSE VEINS

Apparently the incidence of varicose veins is definitely increasing. Whether this is due to changing living conditions, or to changes within man's organism, would be difficult to say. The new injection treatments, which obliterate the involved surface vessels, have been a distinct boon to both patient and physician and are extremely successful in a great majority of cases. However, in some cases injection may need to be postponed for a time and palliative treatment instituted instead. In other cases, where injections are done, there is a good deal of pain and inflammation at and around the site of the injection. In both instances Antiphlogistine dressings are of great value.

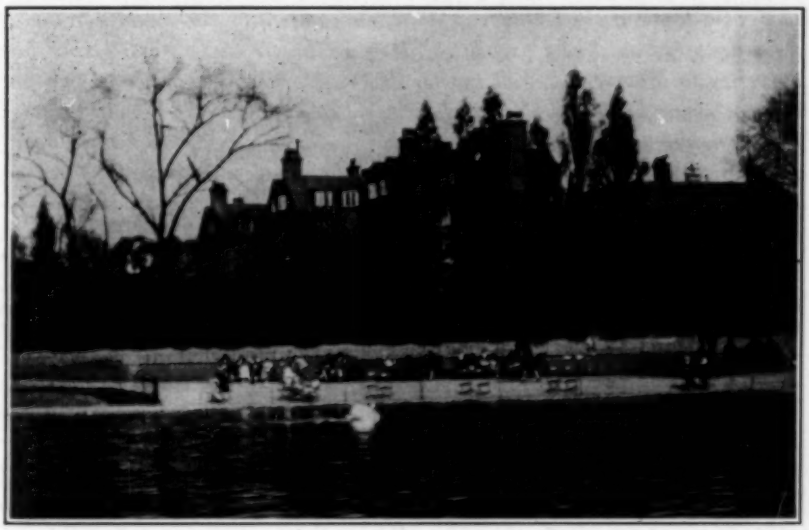
THE INTERNATIONAL BAZAAR

GRACE M. FAIRLEY

Convener, the Canadian Nightingale Memorial Committee

The very generous response from the different provinces to the appeal from the British Red Cross Society for the Canadian booth at the International Bazaar, has far excelled the most optimistic hopes of the Canadian committee. The donations have come from quite unusual and diversified sources, and in most cases from individual members or small groups that had not given previously to the Fund. The articles are eminently saleable and in many cases have both a national and historic interest. The following partial list will give some idea of Canada's contribution: Exquisite Indian work such as baskets and trays; miniature totem poles; leather, bead, and metal work; weaving (from beautiful skirt lengths to charming scarves); pictures; books; linen work; lovely Doukhobor embroidery. The variety of gifts received from every Province is too great to be given in detail. Each was characteristic, as for instance the delightful donation purchased by the Registered Nurses Association of the Province of Quebec from the Arts and Crafts Association.

Too much cannot be said in praise of the interest and co-operation of the Canadian Red Cross Society, not only for what their provincial branches have donated, but for the part they have taken in acting as the collection depot and for packing and shipping the cases to England. This very generous gift from the Canadian Nurses Association and the Canadian Red Cross Society will swell the coffers of the Florence Nightingale International Foundation. The Bazaar is to be held at Bedford College, London, on July 7 and 8 under the chairmanship of The Countess Granville. It is to be opened by the Lady Mayoress of London.



Bedford College

. . . OFF . . . DUTY . . .

A modern poet tells us . . . that something is radically wrong . . . if we can find no time . . . to stand and stare . . . So on a glorious summer morning . . . we made up our mind . . . that we would stand . . . and we would stare . . . We invited our soul . . . to bear us company . . . on the way down to the office . . . and our roving eye . . . was first attracted . . . by a large spider . . . which dropped down . . . on his silken cable . . . and swung lazily to and fro . . . across the sunny doorway . . . of our little balcony . . . He was not spinning a web . . . he was doing it for fun . . . Presently he reeled in his line . . . and disappeared from view . . . We dawdled through the grounds of McGill University . . . and stopped to stare at the gingko tree . . . which shades the tomb of the Founder . . . The tender green of the graceful branches . . . was spread out like a pagoda . . . It is a Chinese tree . . . and there are only five in Montreal . . . all too far apart . . . even to whisper . . . to one another about home . . . Presently we came to a long shed . . . where motor cars come down, like elephants, to bathe . . . "Ten minute wash one dollar" . . . which seems reasonable enough . . . The garage men were sky-larking about . . . and one of them turned a neat handspring . . . quite in the irresponsible spirit of the spider . . . In front of a forbidding Tourist Home . . . was a green bed of lilies of the valley . . . The perfume mounted to our head . . . and we found ourselves going up a mountain . . . (which is certainly not on the way to our office) . . . until we came to a little blue lake . . . with a mediaeval castle beside it . . . A soulless civic corporation . . . calls this sylvan retreat . . . the Municipal Waterworks . . . but across the rippling water . . . the dome of the Hôtel Dieu . . . rises like a silver bubble . . . above the trees . . . and toward the south . . . the great St. Lawrence . . . draws his shining chain . . . towards the Gulf and the open sea . . . Presently we responded . . . to the prickings of our uneasy conscience . . . and returned to the path of duty . . . Just outside the office door . . . we were accosted . . . by an arrogant Pekingese . . . with whom we have a nodding acquaintance . . . This pampered animal . . . gazed at us so disdainfully . . . out of its goggle eyes . . . that we mounted hastily . . . to our place of toil . . . knowing that we really have no time . . . to stand and stare . . . That privilege is reserved for spiders . . . and garage men . . . and Pekingese . . . and other members . . . of the leisure class . . . E. J.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

The Congress

The official representatives of the Canadian Nurses Association to the Quadrennial Congress of the International Council of Nurses which meets in London, England, from July 19 to 24, are: the president of the Association, Miss Ruby M. Simpson, Regina; the first vice-president, Miss Grace M. Fairley, Vancouver; the second vice-president, Miss Margaret L. Moag, Montreal; the chairman of the private duty section, Miss Jean L. Church, Ottawa; Miss Jean I. Gunn, Toronto, who is a past president of the Association and a past vice-president of the International Council of Nurses. During the week of July 12, these official representatives will attend the meetings of the Grand Council, which is the voting body of the Congress.

An outline of the Congress Programme was published in the February number of the *Journal*. The participation of Canadian nurses in this Programme is here announced for the information of those unable to attend. Those who are to act as chairmen of sectional meetings and the session over which each will preside are:

Miss Jean I. Gunn—State control of nursing education: Constitution of statutory authority; the state examination.

Miss Ruby M. Simpson—General and specialised training of the public health worker; post-graduate courses.

Miss Margaret L. Moag—Organisation of visiting nursing, urban and rural.

Miss Mabel K. Holt, (Montreal)—Some careers open to registered nurses: dietetics.

The Association was requested to obtain speakers for a number of sectional meetngs. Those members who kindly undertook to prepare papers and the subject allotted to each one, are:

Miss Mary Mathewson (Montreal)—To what extent should the general nursing curriculum include theoretical and practical instruction in public health nursing.

Miss Florence H. M. Emory (Toronto)—University Schools of Nursing.

Miss Grace M. Fairley (Vancouver)—Student government in schools of nursing.

Miss Pearl Brownell (Winnipeg)—Some careers open to registered Nurses: private nursing.

Miss Elizabeth Smellie (Ottawa)—How to educate the general public to the need of public health nursing.

Miss Edna L. Moore (Toronto)—Working conditions for the public health nurse.

Miss Jean L. Church (Ottawa)—Hours of work. Proportion of patients, ideal, actual (average). Variation in different types of wards.

Copies of all papers but one, for which a last-minute appeal was received recently, were forwarded to International Headquarters, in Geneva, in time to allow for translation into the official languages of the Congress and to permit a copy being sent to those nurses in other countries who are to lead in the discussion of the papers listed above. It is announced with regret that Miss Emory and Miss Brownell are unable to attend the Congress. Arrangements are therefore being made for the reading of their papers by two of their Canadian colleagues.

Congress Registration

On June 7, the date on which these *Notes* are being prepared, 149 members of the Association have registered for the Congress. This enrolment, though incomplete, indicates that the representation from Canada will be the largest ever to attend a Congress abroad. Those who have registered are:

A

Abernethy, Miss Elizabeth
Adams, Miss Dorothy L.

B

Boxill, Miss Alice
Birrell, Miss Della M. A.
Burns, Miss Ada A.
Barnhill, Miss Mary E.
Boyd, Miss Annie B.
Boyd, Miss Daisy E. W.
Bell, Miss Edna M.
Buss, Miss Marie
Brossard, Miss Gabriel
Blanch, Miss Harriett
Bliss, Miss Mary P.
Baillie, Miss Ann
Beamish, Miss Rahno
Bell, Miss Barbara
Belluz, Miss Vera

C

Campbell, Miss Barbara
Chisholm, Miss Mary
Cale, Miss Edith
Church, Miss Jean L.
Colquhoun, Miss Annie
Connal, Miss Jessie A.
Campbell, Miss Ella
Cox, Miss Agnes
Colvin, Miss Delia
Carruthers, Miss Helen McD.
Carpenter, Miss Margaret E.
Collins, Miss Patricia
Campbell, Miss Priscilla

D

Dyer, Miss Lulu
Denton, Miss L. E.
Davies, Miss Isabel
Dauphinée, Miss Vera
Dawson, Miss Winnifred
Dixon, Miss Clara E.

E

Erwin, Miss Elizabeth
Evans, Miss Gertrude E.
Elliott, Miss Hazel G.

F

Fenton, Miss A. Edith
Flanagan, Miss Eileen
Ferguson, Miss Catherine M.
Forgues, Miss Marie T.
Finnemore, Miss Gertrude M.
Fairley, Miss Grace M.
Ferrier, Miss Anne P.
Foy, Miss Marjorie

G

Garrow, Miss Ruth
Giroux, Miss Suzanne
Goldie, Miss Margaret A.
Gerry, Miss Harriett E.
Gunn, Miss Jean I.

H

Hawkes, Mrs. Clara E.
Hayward, Miss H.
Holland, Miss Mary P.
Hazelwood, Miss Evelyn
Hall, Mrs. H. W.
Harvey, Miss Frances A.
Holt, Miss Mabel K.
Hersey, Miss Mabel F.
Hadrill, Miss Beatrice M.
Horton, Miss Edith
Haldane, Miss Ella
Hunter, Miss Muriel E.
Hamilton, Miss Grace E.

I

Inrig, Miss Christine

J

Jordon, Miss B. I.
Jamieson, Miss Norma
Johnson, Miss Carmen

L

Lougheed, Miss Jean M.
Lawder, Miss Lillian
Lemon, Miss Catherine

M

McIlraith, Miss Effie
McIndoo, Miss Florence
McMurrich, Miss Helen M.

McInnes, Miss Margaret J.
McPhedran, Miss Margaret G.
MacLeod, Miss I.
MacDonald, Miss Hilda H.
MacMaster, Miss Jean
MacLear, Miss Mary
MacKenzie, Miss Jean T.
Munn, Miss A. M.
Manning, Miss E.
Munroe, Miss Fanny
Mathewson, Miss Mary S.
Malcolm, Miss Jean
Mitchell, Miss Jean A.
Murdoch, Miss Jessie
Moag, Miss Margaret L.
Moore, Miss Edna L.

N

Nancekievill, Miss Frances
Nye, Mrs. Isabel

O

Oram, Miss Anna M.
Oliver, Miss Marion
Orr, Miss Edna
Orr, Miss Margaret E.
Osborne, Miss Ruth R.

P

Peters, Miss Helen S.
Pilon, Miss Rollande
Palmer, Miss Alicia

R

Retallick, Miss Maude E.
Reid, Miss Ellen
Reid, Miss Florence
Ridge, Miss Gladys W.
Rainer, Miss Ethel G.
Reddon, Miss Ann
Reesor, Miss Maude
Railton, Miss Edith
Robertson, Miss Elsie
Ritchie, Miss Mary J.
Robillard, Miss Marie A. L.

S

Stacey, Miss Mary
Stewart, Miss Isobel
Strum, Miss G. E.
Saunders, Miss Jane
Sherman, Miss Margaret
Simpson, Miss Ruby M.

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Stewart, Miss Nellie M.
Smith, Miss Helen L.
Stevenson, Miss Edith G.
Sonley, Miss Amber B.
Stewart, Miss Flora
Stewart, Miss E. Irene
Stewart, Miss Marion E.
Smith, Miss Agnes
Smith, Mrs. R. Duncan
Smellie, Miss Elizabeth L.

T

Thomson, Miss Anne
Turner, Miss Elspeth
Turner, Miss Olive
Taylor, Miss Cory
Tuck, Miss Nellie
Trudel, Miss Juliette
Tillett, Miss Jessie M.
Trench, Miss Edith F.

U

Urquhart, Miss Lottie

V

Vohman, Miss Hilda
VanDorsser, Mrs. G. E.

W

Wright, Miss Anne
Whale, Miss Harriett
Wheeler, Miss Mary A.
Winterbourne, Miss Winnifred
Wright, Miss Mary C.
Wilson, Miss Rheta
Winslow, Miss Victoria I.

Y

Young, Miss Myra E.
Young, Miss Marjory V.

OBITUARY

BURNET—The death occurred recently, in Montreal, of Mrs. L. P. Burnet, née Charlotte Brosseau, formerly of the Notre Dame Hospital, Montreal, and of the Mount Sinai Hospital, New York. Mrs. Burnet served overseas with the Number 8 General Hospital C.A.M.C., in France, and at Moore Barracks, England. She received "La Médaille des Epidémies" from the French Government for her service to the French soldiers during the war.

CAMERON—On Sunday, May 20, 1937, Mrs. Elizabeth E. Cameron died after a lengthy illness. Mrs. Cameron was a graduate of the School of Nursing of the Lowell Hospital, Lowell, Mass., and, until her illness, had for many years been Assistant Registrar of the Vancouver Graduate Nurses Association.

JONES—The death occurred on June 1, 1937, of Frances Jones, a member of the class of 1931 of St. Michael's School of Nursing, Toronto, and for the past four years a member of the staff of Mercy Hospital. Much sympathy is extended to her sister Bernadette (St. M. H., 1936) and to other members of the family. Miss Jones passed away at her home in Hastings. Miss Ann Morin and Miss Jeanne Corbett attended the funeral, which was held from the Church of Our Lady of Mount Carmel.

WITHROW—The death occurred recently of Mrs. Withrow, formerly Nursing Sister Jessie McDonald, of St. Francis Xavier University Unit No. 9, Antigonish, N. S. Miss Margaret McDonald, Matron in Chief, and several Nursing Sisters attended the funeral.

NEWS NOTES

ALBERTA

CALGARY: The Alumnae Association of the School of Nursing of the Calgary General Hospital recently entertained the graduating class of 1937 at a banquet. The members of the new class were "crowned" in honour of the occasion with crowns made in the school colours, scarlet and gold. The head table was ornamented with a lovely maypole made by Miss G. Ockland. Two excellent short plays, written by Mrs. E. Thomas, were given and delightful musical numbers were rendered by Miss Hilda Paterson and Mrs. F. Shaw. The president, Mrs. R. G. Straker, presided and graciously welcomed about 190 graduates of the School, many of whom had travelled from distant points to attend.

Miss J. Connal, Miss F. Harvey, and Miss H. Whale, all of whom are members of the staff of the Calgary General Hospital, are sailing on July 9, to attend the Congress of the International Council of Nurses in London. Miss Margaret Carpenter, Miss Mary McClear and Miss B. Robinson sail on the same date. Miss Connal will take postgraduate work in teaching and administration.

Miss Helen Conn and Miss E. Findlay, members of the graduating class of 1937, have taken positions in the Drumheller Hospital. Miss T. Bradshaw and Miss M. Smythe are doing postgraduate work in mental diseases at Ponoka Mental Hospital. They also are members of the class of 1937.

BRITISH COLUMBIA

NEW WESTMINSTER: The marriage took place recently of Miss Constance Alberta Hicks to Mr. Wilfred Ben Lang. For six years, previous to her marriage, Mrs. Lang served as superintendent of nurses of the Provincial Mental Hospital, Essondale.

Married: On May 17, 1937, Miss Marjorie R. E. Gwyer to Mr. Jack Weatherly.

MANITOBA

WINNIPEG: Sixty-one young nurses were presented with their diplomas at the forty-ninth annual commencement exercises of the School of Nursing of the Winnipeg General Hospital. Mr. W. L. Parrish, president of the board of governors, presided. Dr. George Stephens announced the graduates to Mr. Parrish, who presented the diplomas, and to Miss T. Wiggins, superintendent of nurses, who pinned on their medals. Dr. J. D. McQueen, chairman of the medical staff, spoke briefly. Loyalty to her alma mater, to each other, and to their profession, was urged by Miss Eva B. Hamilton, who gave the valedictory. Mrs. J. W. Briggs, the president of the Alumnae Association, presented the A. McTavish Campbell scholarship of $250 in the senior class to Miss Eva B. Hamilton. The H. E. Sellars scholarship of $250, awarded to Miss Helen L. Wilson, was presented by Mr. Sellars, and the Alumnae prize, awarded to Miss Lorna E. Halpenny, was presented by Mrs. Briggs. The W. L. Parrish prize for the intermediate class, awarded to Miss Evelyn M. Blakely, was presented by Mr. Parrish, and Mr. C. S. Riley's junior class prize, awarded to Miss Roberta H. Smith, was presented by Mrs. Briggs.

WINNIPEG: Among the Winnipeg General Hospital graduates who are planning to attend the international Congress of Nurses are: Miss Ruby Simpson, president of the Canadian Nurses Association; Miss Cory Taylor, of the Junior Red Cross of Toronto; Miss Victoria Winslow, of the Children's Hospital, Halifax; Miss Julia Moody, of Winnipeg.

Miss Gertrude Hall, (W.G.H., 1921), secretary-treasurer of the Manitoba Association of Registered Nurses, gave an interesting paper on "Nursing organization and professional development" at the June meeting of the Alumnae Association.

Miss M. (Pinkie) Musgrove, (W.H.G., 1918), has been appionted staff secretary of the Winnipeg General Hospital. Miss Agnes Campbell, (W.G.H.), who has been taking a postgraduate course at the Children's Memorial Hospital, Montreal, has returned to Winnipeg, Miss Lynetta Lee, (W.G.H., 1929), who has been a member of the operating room staff, is leaving to accept a similar position at the Western Hospital, Toronto.

WINNIPEG: At the May meeting of the Alumnae Association of the Misericordia Hospital, the following officers were elected for the 1937-1938 season: Honourary President, Rev. Sister Ste. Bertha; President, Miss D. Bateman; Vice-president, Miss M. Ego; Secretary, Miss M. Carmichael; Treasurer, Miss L. Proulx; Executive Committee: Miss E. Shouldice, (Chairman), Miss M. Wilson, Miss C. McRae, Miss M. Lyons; Visiting Committee: Miss C. Bodin, Miss M. Bannantyne; Publicity agent: Miss H. Hilton, Directory Committee: Miss V. Blaine (convenor); Refreshment Committee: Miss F. O'Donoghue, Miss E. Smith, Miss M. Phillips.

NEW BRUNSWICK

ST. STEPHEN: At a meeting of the Local Chapter of the New Brunswick Registered Nurses Association, held at the Chipman Memorial Hospital, committees were appointed to complete arrangements for entertaining the Provincial Association here in September. The Local Chapter recently held

a successful dance, the sum of $100.00 being realized. The Alumnae Association of the Chipman Memorial Hospital recently held a successful food sale. Friends of Miss G. A. K. Moffat, retired superintendent of the Chipman Memorial Hospital, are pleased to hear that she is recuperating at her home in Montreal.

Married: Recently, Miss Dorothy Devlin, to Mr. Redmond Higgins.

ONTARIO

District 1

London: The regular meeting of the Victoria Hospital Alumnae Association was held recently, with Miss Margaret McLaughlin presiding. One hundred dollars was donated to the Red Cross Society for the flood relief fund, and a "shower" was arranged for the graduate nurses who suffered loss at that time. Plans were made for the annual picnic of which Mrs. Dowling is convenor. Miss Isobel Pegg gave an illuminating report of the R. N. A. O. convention.

Brantford: Miss Dora Arnold has returned from Toronto where she completed the course in administration and teaching. Miss Arnold is now assistant superintendent of the Brantford General Hospital. Miss Irene Feely has been doing general duty in Brampton for some time.

The Alumnae Association of the School of Nursing of the Brantford General Hospital recently entertained the graduating class of 1937 at a dinner dance at the Golf and Country Club.

Married: Recently, Miss Velma C. Hunt (B. G. H., 1929) to Mr. Clare A. Parsons.

District 2 and 3

Owen Sound: The annual banquet of the Owen Sound General Marine Hospital Nurses Alumnae Association was held recently when about sixty-five guests were present, among whom were graduates of the School from all over the continent, including Los Angeles, New York, Buffalo, Winnipeg and Montreal as well as towns and cities in Ontario. Mrs. Charles Johnston, the president of the Association, welcomed the guests of honour, including the speaker of the evning, Miss Marjorie Buck, Miss Pearl Morrison, the new superintendent of the hospital, and the graduating class of 1937. Mrs. Armstrong, and Miss Moser (one of our own graduates) sang delightfully. Most interesting was the Roll Call of the successive classes. Among those responding were Miss Elizabeth Webster and Miss E. Hall, members of the class of 1903. Miss Marjorie Buck, superintendent of Simcoe Hospital, gave a most interesting and informative address on the Registered Nurses Association of Ontario and eight-hour duty. Miss F. Beattie and Miss A. Robinson proposed a vote of thanks to her. Miss Buck also received a lovely bouquet of red roses. The president, Mrs. Johnston, thanked all those who helped her make the 1937 party such a memorable one.

Miss Hazel Fowlie has become a member of the general duty night staff of the Pindree General Hospital, Detroit.

District 4

Hamilton: A meeting of the Hamilton General Hospital Alumnae Association was held on May 11 when the president, Miss Bingeman gave a most interesting report of the London Convention. Miss A. Schiefele gave some pictures of the West. Attendance was good and a social hour followed.

The annual Alumnae dinner given in honour of the graduating class of 1937 was held recently with Miss E. Bingeman most capably presiding. The toast to the graduating class was given by Miss Hilda Roy and Miss Pauline Stephenson responded. The toast to Alma Mater was given by Miss Cora Taylor and the response was made by Miss Helen Blake. Miss Charlotte Currah (H.G.H.) rendered delightful vocal selections. An address was given by Mrs. H. M. Aitken; her subject was "The New Eve". Fifty-eight graduates were in attendance.

Eight-hour duty is in force for private duty nurses at the Hamilton General Hospital and is meeting with much success.

Miss Ada Schiefele, a graduate of the School of Nursing of the University of Toronto, who has served as instructor in the School of nursing of the Hamilton General Hospital for the past six years, has been appointed superintendent of the Royal Victoria Hospital, Barrie, Ont.

Miss Margaret Watt, formerly a member of the H.G.H. staff, has been appointed industrial nurse at Junkets, Ltd., Hamilton.

Miss Helen Blake (H.G.H.), formerly a member of the staff of the Welfare department, Hamilton General Hospital, has been appointed matron of the Boy's Home in Hamilton. Miss A. MacMillan (H.G.H.) has been appointed to the Welfare department.

Miss Alice Stafford and Miss Margaret Anderson, having completed their post graduate course at the School of Nursing of the University of Toronto, have left for a short vacation in Nassau. Miss J. Sauter, Miss A. L. Thompson, Miss C. Inrig, all of whom are members of the staff of the Hamilton General Hospital, sailed recently for a vacation in England.

Miss Cales (H.G.H.) recently accompanied a patient to Vancouver. Miss Viola Phillips (H.G.H.) has planned a vacation in Vancouver.

Married: Recently, Miss Lenore Eastwood (H.G.H.) to Mr. Charles Vrooman.

Married: Recently, Miss E. Geil (H.G.H.) to Mr. John Layton.
Married: Recently, Miss Jean Stockton (H.G.H.) to Mr. Fox.
Married: Recently, Miss Geneva Stoltz (H.G.H.) to Mr. James Leitch.
Married: Recently, Miss Marjorie Main (H.G.H.) to Mr. Walter Thompson.
Married: Recently, Miss Una Matthews, (H.G.H.) to Dr. Keith McIntosh.
Married: Recently, Miss Isobel Brydon (H.G.H.) to Mr. Lannin Nickling.
Married: Recently, Miss Eleanor Messmore to Mr. Jacob Beal.
Married: Recently, Miss Helen Walker to Mr. Roy Wilson Reid.

HAMILTON: The public health section of District 4, R.N.A.O., held a meeting recently at the Hamilton General Hospital at which the staff of the Hamilton branch of the Victorian Order of Nurses demonstrated, in a most efficient maner, a maternal hygiene visit.

ST. CATHARINES: A well attended meeting of District 4, R.N.A.O., was held at the Niagara Peninsula Sanatorium on May 29. Interesting reports from the various committees were read. An address on "Record keeping in connection with public health work at the Niagara Peninsula Sanatorium" was given by Dr. C. G. Shaver and was highly informative. A most comprehensive report was given by Miss Isobel MacIntosh of the annual meeting of the R.N.A.O. in London. An invitation to go to Niagara Falls for the September meeting was gladly accepted. Following the meeting, the staff of the Sanatorium served a delightful tea.

DISTRICT 5

TORONTO: The forty-third annual graduation exercises of St. Michael's Hospital School of Nursing took place on May 20 when thirty-six nurses graduated. Scholarships for a university course in public health were awarded to Miss Lorraine Larsen, Miss Margaret Lovick, and Miss Dorothy Callagher. The Alumnae dinner in honour of the graduating class was a very happy occasion.

A re-union dinner of the class of 1932 of St. Michael's School of Nursing was held recently on the fifth anniversary of graduation. Forty members were present, many coming from outside points. Miss Elizabeth Regan, who was the instructor of this class, was a guest of honour at the dinner and proposed the toast to Alma Mater. A class of seventy-four graduated in 1932 and it is interesting to note what has become of the members at the end of five years: two have entered religious orders and will carry on as nurses; twenty-five are married; two are unable to practice, owing to illness; one has died; two are public health nurses in Toronto; four have taken up office work;

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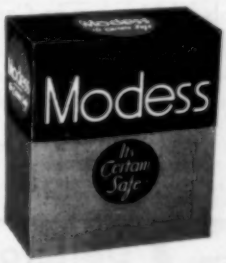

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sixteen are in hospital positions; twenty-two are engaged in private duty, and fifteen of these are practising in Toronto.

A very enjoyable bridge was recently given by the Alumnae Association in aid of the Scholarship Fund. Miss Notman and her assistants are to be congratulated on its success.

Miss Lillian Parker came from the Queen Alexandra Sanatorium, London, to attend the refresher course on tuberculosis held in Toronto in May.

Married: Recently, Miss May Greene (St. M. H., 1929) to Mr. Merton McLean Keyser.

Married: Recently, Miss Elsie Henderson (St. M. H., 1932) to Mr. Dalton O'Brien.

District 6

Peterborough: The monthly meeting of Chapter C, District 6, R.N.A.O. was held on May 19 at the Nicholls Hospital. Miss Vickers was in the chair and forty-two members were present. A financial report in connection with the moving picture "Louis Pasteur" which was sponsored by District 6, was received from Mrs. Leeson. The Chapter was fortune in having as guest speaker, Miss MacPherson Dickson, who spoke on Dominion Registration, a vital subject which proved very interesting. A discussion followed.

District 7

Kingston: On June 2, thirty-seven members of the graduating class of the School of Nursing of the Kingston General Hospital received their pins and diplomas at a colorful ceremony held in Queen's University. Miss Rosemary Bauer, B.A., was the winner of the gold medal given by the Board of Governors, for highest standing in the final year. Miss Margaret Evelyn Biggs received the silver medal presented by Colonel T. A. Kidd, M.P.P., to the student obtaining second highest standing in the final year. The graduating class were guests of the Alumnae Association recently at a delightful dinner. Mrs. H. Hines, president of the Alumnae Association and Miss A. Baillie received the guests, who looked lovely in colorful summer frocks. Among the interesting guests of honour were two of the oldest graduates of the School, Miss A. Neish, who graduated in 1891, and Mrs. Sears, formerly Miss Mary Ann Dunn, who graduated two years later. Following the dinner, pupils of a local school of dancing delighted everyone with a clever musical programme.

The private duty nurses of the Kingston General Hospital have adopted eight-hour duty for a trial period of seven months, commencing June 1, 1937, and to continue to the end of the year.

Married: On May 25, 1937, Miss Eveline McDonald (K.G.H., 1929), to Mr. MacNeil E. Hertel.

Married: On June 2, 1937, Miss Frances Mary Thompson (K.G.H., 1933), to Mr. George W. James.

SMITHS FALLS: District 7 held its regular meeting at Smiths Fall on May 22. One hundred and sixteen nurses registered, of which one hundred and five are members of the R.N.A.O. The Kingston nurses chartered a bus for the day for the transportation of their group. Following addresses of welcome by the Mayor and the president of the Medical Association, the morning session dealt with routine business, correspondence and reports of the annual meeting held in London. Clauses of these reports which might be of interest to nurses throughout the Districts are: A loan of $250.00 from the Permanent Education Fund for post-graduate study has been granted; the report on the eight-hour day, (that much discussed question of private duty nurses) was most encouraging. A playlet, entitled "Mothers' Conference", and played by members of the Health League made a happy diversion. Miss Bluhen, of the Smiths Falls branch of the Victorian Order of Nurses directed the skit, which was much appreciated.

The Women's Auxiliary of the Chambers Memorial Hospital catered for the luncheon and afternoon tea, thus leaving all the nurse members free to attend the sessions. The nurses realized the benefit of having an Auxiliary come to their aid in such a co-operative manner. At the afternoon session, Miss MacPherson Dickson gave a talk on Dominion Registration followed by discussion. The members of the District have felt for some time the need of information on this important topic and it proved a most interesting and enlightening session. Music was contributed by local artists. The next meeting will be held at the Hotel Dieu, Kingston, on October 16.

District 7 will be the hostess district for the annual meeting of the Registered Nurses Association of Ontario, at Kingston in 1938.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The graduating exercises of the School of Nursing of the Prince Edward Island Hospital was held on National Hospital Day, eight nurses receiving their diplomas and hospital pins. The Ladies' Aid of the Hospital presented each graduate with a lovely bouquet of American Beauty roses. The address to the graduates was delivered by Dr. Donald Campbell, and the valedictory was read by Miss Verna Darrach. After the exercises an informal reception was held at the Nurses' Home. A delightful bridge and dance in honour of the graduating class was given recently, at the new Cundall Home for Nurses, by the P.E.I. Hospital Alumnae Association. The guests were received by Miss Anna Mair, superintendent of the

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hospital, and Mrs. Miller, house mother of the Cundall Home.

Among the delegates attending the Hospital Conference, held in Halifax in connection with the section meeting of the American College of Surgeons, were Sister Mary Magdalene, Sister John the Baptist, and Sister Mercy of the Charlottetown Hospital, and Miss Mair and Miss Mary Lowther of the P.E.I. Hospital. The meetings were most instructive and were largely attended.

Miss Linnie A. Platts has resigned from the staff of the P.E.I. Hospital upon the occasion of her marriage. An enjoyable shower was given her recently by her classmates and pupils. Many beautiful gifts were presented to Miss Platts with all good wishes for her future happiness.

Miss Bessie McKenzie has been appointed operating room supervisor at the Prince Edward Island Hospital.

Married: Recently, Miss Beatrice Raynor (P.E.I. Hospital, 1935), to Mr. Allison Owen.

QUEBEC

MONTREAL: Among the graduates of the School of Nursing of the Royal Victoria Hospital who received certificates from the McGill School for Graduate Nurses at Convocation were: Miss Gertrude Yeats (R.V.H., 1920), in teaching and supervision; Miss Josephine Riley, B.A., (R.V.H., 1936) in public health nursing; Miss Thelma MacKenzie (R.V.H., 1936) in teaching and supervision. Congratulations are extended to Miss MacKenzie on being the winner of the Lieutenant-Governor's Silver Medal for the highest standing in the course for teaching and supervision. Miss Katherine MacLennan (R.V.H., 1930), received the B.A. degree at Convocation.

Among the R.V.H. nurses who will attend the International Congress of Nurses in London are: Miss M. F. Hersey, Miss B. Campbell, Miss E. C. Flanagan, Miss M. Goldie, Miss Marion Jeans, Miss F. Munroe, Miss N. Jamieson.

Miss Mary Stevens (R.V.H., 1933), who has been in charge of the men's surgical ward has resigned to be married. Miss Elma Hamilton (R.V.H., 1932), succeeds her. Miss Lois MacLaggan (R.V.H., 1936), has been appointed nurse-in-charge of the Women's Surgical Ward. Miss Frances Hamilton (R.V.H., 1930), has resigned from the staff of the Women's Pavilion, and is succeeded by Miss Maude Brooks (R.V.H., 1937).

Married: On May 14, 1937, Miss Marion H. Cameron, (R.V.H., 1934) to Mr. Ralph Miller.

Married: On May 14, 1937, Miss Marion Wilson (R.V.H., 1934), to Dr. Arthur J. Tillinghast.

Married: On May 15, 1937, Miss M. Lois Cameron (R.V.H., 1929), to Mr. Howard A. Smith.

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Married: On May 27, 1937, Miss Margaret A. M. Bowers (R.V.H., 1929), to Mr. J. H. Ambrose.

Married: On June 3, 1937, Miss Mary H. Stevens, (R.V.H., 1933), to Dr. Hugh J. Alexander.

QUEBEC

QUEBEC: Miss E. A. Ponting (J.H.H., 1912), who saw service in France with the First Canadian Contingent, was chosen to accompany the Canadian Forces who took part in the Coronation ceremonies.

SASKATCHEWAN

REGINA: The Regina Grey Nuns Hospital Alumnae Association recently entertained the graduating class of 1937 at a banquet, followed by a theatre party. Toasts were proposed to the King, to Canada, and to the Alma Mater, and were suitably responded to. Rose corsages were provided for the guests.

Married: On May 1, 1937, Miss Minnie Stephenson (R.G.H., 1936), to Mr. Robert Brock.

OVERSEAS NURSING SISTERS ASSOCIATION

HALIFAX: The Halifax unit of the Overseas Nursing Sisters Association was invited to a place of honour with the War Veterans on the Garrison grounds, when the permanent and non-permanent troops at Halifax gathered to see the Royal salute taken by the Lieutenant Governor, Hon. Robert Irwin, in honour of the Coronation of His Majesty, King George VI.

Miss Laura Hubley, R.R.C., President of the Overseas Nursing Sisters club, recently represented the Nova Scotia Nursing Sisters at the Provincial Building for the dedication of a memorial tablet commemorating the Million Dead of the British Empire, who fell in the Great War.

The officers of the Overseas Nursing Sisters Association of Canada for 1937-1938 are as follows: Honorary Presidents: Miss Margaret C. MacDonald, R.R.C., L.L.D., Matron-in-Chief: Miss Edith C. Rayside, R.R.C., C.B.E., M.Sc., Matron-in-Chief in Canada; Mrs. G. Stuart Ramsay, first President of the Overseas Nursing Sisters of Canada. President: Miss Laura M. Hubley, R.R.C., Halifax; First Vice-President: Miss Margaret MacKenzie, R.R.C., Halifax; Second Vice-President: Miss Blanche Anderson, Ottawa; Third Vice-President: Mrs. John Turner (N/S Alice M. Blackwell), Edmonton; Secretary-Treasurer: Miss Josie Cameron, 3 Coburg Apts., Halifax, N. S.

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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